

Class Request Form

Name_____

Phone_(____)_____ E-Mail_____

Site_____

Address_____

Class Requested (Circle One) WTFH PTFH Both

Day/Time Choice (Circle One)

M T W Th F

Time_____

FAX THIS FORM TO:

602.506.6683

OR

MAIL THIS FORM TO:

Office of Health Promotion and Education
ATTN: Alaina Rinne
1825 East Roosevelt Street
Phoenix AZ 85006